UNITED STATES OMB APPROVAL OMB Number: SECURITIES AND EXCHANGE COMMISSION 3235-0076 May 31, 2005 Washington, D.C. 20549 Expires: RECEIVED Estimated average burden lours per response: 16.00 FORM D SEC USE ONLY Serial NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. DATE RECEIVED SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION 318663 Name of Offering ( check if this is an amendment and name has changed, and indicate change.) Bellrock Systematic, LP Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer ( check if this is an amendment and name has changed, and indicate change.) Bellrock Systematic, LP Telephone Number (Including Area Code) Address of Executive Offices (Number and Street, City, State, Zip Code) c/o Bellrock Systematic Advisors, Ltd., PO Box 173, Kingston Chambers, Road Town, Tortola, British 0207 845 5630 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business To operate as a private investment partnership. **PROCESSED** Type of Business Organization corporation limited partnership, already formed other (please specify): MAR 04 2005 business trust limited partnership, to be formed THOMSON FINANCIAL Month Year ☐ Estimated Actual or Estimated Date of Incorporation or Organization: 11 04 Jurisdiction of Incorporation or Organization (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) DE **GENERAL INSTRUCTIONS** Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

**Information Required:** A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

| · ,          |  |                    | A. BASIC IDEN   | TIFICATION DATA                   |   |  |
|--------------|--|--------------------|---|-----------------------------------|---|--|
| 2. En        | ter the information                            | requested for the  | e following:  |                                   | -                                       |  |
| 0            | Each promoter of                               | the issuer, if the | e issuer has been organized                             | within the past five years;       |   |  |
| o            | Each beneficial of the issuer;                 | wner having the    | power to vote or dispose, o                             | or direct the vote or disposition | n of, 10% or more o                     | f a class of equity securities                                   |
| 0            | Each executive o                               | fficer and direct  | or of corporate issuers and o                           | of corporate general and mana     | ging partners of part                   | tnership issuers; and  |
| o            | Each general and                               | managing partn     | er of partnership issuers.                              |                                   |   |  |
| Check Box(6  | es) that Apply:                                | Promoter           | Beneficial Owner  | Executive Officer                 | Director                                | General Partner of the Limited Partnership                       |
|              | Last name first, if in<br>Ellrock Systematic A |                    |   |                                   |   |  |
| Business or  | Residence Address                              | (Numbe             | r and Street, City, State, Zipoad Town, Tortola, B.V.I. | Code)                             | , |  |
| Check Box(e  | es) that Apply:                                | Promoter           | ☐ Beneficial Owner                                      | ☐ Executive Officer               | ☐ Director                              | Managng Member of the General Partner of the Limited Partnership |
| Full Name (l | Last name first, if in                         | dividual)          |   |                                   |   |  |
| Business or  | Residence Address                              | (Numbe             | r and Street, City, State, Zip                          | Code)                             |   |  |
| Check Box(   | es) that Apply:                                | Promoter           | ☐ Beneficial Owner                                      | ☐ Executive Officer               | Director                                | General and/or Managing Partner                                  |
| Full Name (  | Last name first, if in                         | dividual)          |   |                                   |   |  |
| Business or  | Residence Address                              | (Numbe             | r and Street, City, State, Zip                          | Code)                             |   |  |
| Check Box(   | es) that Apply:                                | Promoter           | Beneficial Owner  | ☐ Executive Officer               | Director                                | General and/or Managing Partner                                  |
| Full Name (  | Last name first, if in                         | dividual)          |   |                                   |   |  |
| Business or  | Residence Address                              | (Numbe             | r and Street, City, State, Zip                          | Code)                             |   |  |
| Check Box(   | es) that Apply:                                | Promoter           | ☐ Beneficial Owner                                      | Executive Officer                 | Director                                | General and/or Managing Partner                                  |
| Full Name (  | Last name first, if in                         | dividual)          |   |                                   |   |  |
| Business or  | Residence Address                              | (Numbe             | r and Street, City, State, Zip                          | Code)                             |   |  |
|              |  | (Use blank         | sheet, or copy and use add                              | litional copies of this sheet, as | necessary.)                             |  |

| <del></del>               |   |  |   | -   | B. 1                                | INFORMA                      | TION ABO                                  | OUT OFFE                                      | RING                                       |                                     |   |                              |                                  |
|---------------------------|---|--|---|---|-------------------------------------|------------------------------|---|---|--|-------------------------------------|---|------------------------------|----------------------------------|
| 1. H                      | Ar  | iswer also   | in Append   | ix, Columi  | tend to sell                        | , to non-ace                 | credited inv                              | vestors in th                                 | nis offering                               |                                     |   | No                           | ·                                |
| 2. V                      | *Subject to the discretion of the General Partner to accept lesser amounts. |  |   |   |                                     |                              |   |   |  | <u>\$1,</u> 0                       | 000,000*<br>No                            |                              |                                  |
| 4. E<br>ro<br>a<br>p<br>A | Enter the<br>emuner<br>gent of<br>persons<br>Applicat                       | e informati<br>ation for so<br>a broker o<br>to be listed<br>ble | ion request<br>olicitation<br>or dealer reg<br>d are associ | ed for each<br>of purchase<br>gistered wi<br>ated perso | person whers in conne<br>th the SEC | ection with<br>and/or witl   | or will be<br>sales of se<br>h a state or | paid or give<br>curities in t<br>states, list | en, directly<br>he offering<br>the name of | or indirect  If a perso  the broker | ly, any con<br>n to be list<br>or dealer. | mmission or                  | ociated person or<br>an five (5) |
| Full Name                 | e (Last 1   | name first,  | if individu   | ıal)<br>  |                                     |                              |   |   |  |                                     |   |                              |                                  |
| Business                  | or Resid  | lence Add  | ress (Numl  | per and Str   | eet, City, S                        | tate, Zip Co                 | ode)                                      |   |  |                                     |   |                              |                                  |
| Name of A                 | Associa   | ted Broker   | or Dealer   | ,   |                                     | •                            |   |   |  |                                     |   |                              |                                  |
|                           |   |  | ed Has Sol<br>or check inc                                  |   |                                     | olicit Purch                 | asers                                     |   |  |                                     |   |                              | States                           |
| [I]<br>[N]                | AL]<br>L]<br>MT]<br>RI]   | [AK]<br>[IN]<br>[NE]<br>[SC]                                     | [AZ]<br>[IA]<br>[NV]<br>[SD]                                | [AR]<br>[KS]<br>[NH]<br>[TN]                            | [CA]<br>[KY]<br>[NJ]<br>[TX]        | [CO]<br>[LA]<br>[NM]<br>[UT] | [CT]<br>[ME]<br>[NY]<br>[VT]              | [DE]<br>[MD]<br>[NC]<br>[VA]                  | [DC]<br>[MA]<br>[ND]<br>[WA]               | [FL]<br>[MI]<br>[OH]<br>[WV]        | [GA]<br>[MN]<br>[OK]<br>[WI]              | [HI]<br>[MS]<br>[OR]<br>[WY] | [ID]<br>[MO]<br>[PA]<br>[PR]     |
| Full Name                 | e (Last   | name first,  | if individu   | ial)  |                                     | V 3.                         |   |   |  |                                     |   |                              |                                  |
| Business                  | or Resid  | dence Add  | ress (Numl  | per and Str   | eet, City, S                        | tate, Zip C                  | ode)                                      |   |  |                                     |   |                              |                                  |
| Name of                   | Associa   | ted Broker   | or Dealer   |   |                                     |                              |   |   |  |                                     |   |                              |                                  |
|                           |   |  | ed Has Sol<br>or check inc                                  |   |                                     | olicit Purch                 | asers                                     |   |  |                                     |   | ☐ All                        | States                           |
| [I]<br>[N                 | AL]<br>L]<br>MT]<br>RI]   | [AK]<br>[IN]<br>[NE]<br>[SC]                                     | [AZ]<br>[IA]<br>[NV]<br>[SD]                                | [AR]<br>[KS]<br>[NH]<br>[TN]                            | [CA]<br>[KY]<br>[NJ]<br>[TX]        | [CO]<br>[LA]<br>[NM]<br>[UT] | [CT]<br>[ME]<br>[NY]<br>[VT]              | [DE]<br>[MD]<br>[NC]<br>[VA]                  | [DC]<br>[MA]<br>[ND]<br>[WA]               | [FL]<br>[MI]<br>[OH]<br>[WV]        | [GA]<br>[MN]<br>[OK]<br>[WI]              | [HI]<br>[MS]<br>[OR]<br>[WY] | [ID]<br>[MO]<br>[PA]<br>[PR]     |
| Full Nam                  | e (Last   | name first   | , if individu   | ıal)  |                                     |                              |   |   | ···  |                                     | ·· <u>······</u>                          |                              |                                  |
| Business                  | or Resid  | dence Add  | ress (Num   | ber and Str   | eet, City, S                        | tate, Zip C                  | ode)                                      |   |  | _                                   |   |                              |                                  |
| Name of .                 | Associa   | ted Broker   | r or Dealer   |   |                                     |                              |   |   |  |                                     | ·   |                              |                                  |
|                           |   |  | ed Has Sol<br>or check in                                   |   |                                     | olicit Purch                 | asers                                     |   |  |                                     |   | ☐ Ali                        | l States                         |
| []<br>[N                  | AL]<br>L]<br>MT]<br>RI]   | [AK]<br>[IN]<br>[NE]<br>[SC]                                     | [AZ]<br>[IA]<br>[NV]<br>[SD]                                | [AR]<br>[KS]<br>[NH]<br>[TN]                            | [CA]<br>[KY]<br>[NJ]<br>[TX]        | [CO]<br>[LA]<br>[NM]<br>[UT] | [CT]<br>[ME]<br>[NY]<br>[VT]              | [DE]<br>[MD]<br>[NC]<br>[VA]                  | [DC]<br>[MA]<br>[ND]<br>[WA]               | [FL]<br>[MI]<br>[OH]<br>[WV]        | [GA]<br>[MN]<br>[OK]<br>[WI]              | [HI]<br>[MS]<br>[OR]<br>[WY] | [ID]<br>[MO]<br>[PA]<br>[PR]     |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is

| Type of Security  |  |  | Aggregate<br>Offering<br>Price  |                       | Amount<br>Already<br>Sold   |
|---|--|--|---|-----------------------|---|
| Debt  |  | \$   | 0   | \$                    | 0   |
| Equity  |  | \$   |   | - <del>-</del>        |   |
|   | [ ] Common [ ] Preferred   |  |   |                       |   |
| Convertible Securities (incl  | uding warrants)  | \$   | 0   | \$                    | 0   |
| Partnership Interests   |  | \$6  | 0,000,000   | • <u> </u>            | 5,080,000   |
| Other (Specify  | )  | \$   | 0   | -<br>\$               | 0   |
| Total   |  | \$ 6   | 0.000,000   | - —<br>\$ 1           | 5,080,000   |
|   | ppendix, Column 3, if filing under ULOE.   | <u>·                                      </u>   |   | · ·                   |   |
| amounts of their purchases.   | ited and non-accredited investors who have purchased securitie. For offerings under Rule 504, indicate the number of persons their purchases on the total lines. Enter "0" if answer is "none  | who have purch   |   | and the               |   |
| Accredited Investors  |  |  | 2   | \$ 1                  | 5,080,000   |
|   |  |  |   | - <del>-</del>        | 0   |
| Non-accredited Investors  |  |  | ()  |                       |   |
| Total (for filing under<br>Answer also in A<br>If this filing is for an offerin   | Rule 504 only)   | all securities sold  | by the issuer,  | \$ to date,           | in  |
| Total (for filing under<br>Answer also in A<br>If this filing is for an offerir<br>offerings of the types indicaty<br>type listed in Part C - Quest                           | Rule 504 only)   | all securities sold  | by the issuer,<br>Classify secu   | \$ to date, prities b | in<br>Doy   |
| Total (for filing under<br>Answer also in A<br>If this filing is for an offerin<br>offerings of the types indicatype listed in Part C - Quest<br>Type of Offering             | Rule 504 only)   | all securities sold<br>es in this offering   | by the issuer,<br>c. Classify secu  | \$ to date, prities b | in<br>Dy<br>Dollar  |
| Total (for filing under<br>Answer also in A<br>If this filing is for an offerin<br>offerings of the types indicatype listed in Part C - Quest<br>Type of Offering<br>Rule 505 | Rule 504 only)   | all securities sold<br>es in this offering   | by the issuer,<br>Classify secu   | \$ to date, prities b | in<br>Dollar<br>Amount Solo<br>\$   |
| Total (for filing under Answer also in A If this filing is for an offerir offerings of the types indicatype listed in Part C - Quest Type of Offering Rule 505                | Rule 504 only)   | all securities sold<br>es in this offering   | by the issuer,<br>Classify secu   | so date, prities b    | in  Dollar  Amount Solo  \$   |
| Total (for filing under Answer also in A If this filing is for an offerir offerings of the types indicatype listed in Part C - Quest Type of Offering Rule 505                | Rule 504 only)   | all securities sold<br>es in this offering   | by the issuer,<br>Classify secu   | \$ to date, urities b | Dollar Amount Solo  \$  |
| Total (for filing under Answer also in A If this filing is for an offerin offerings of the types indicative listed in Part C - Quest Type of Offering Rule 505                | Rule 504 only)   | all securities sold<br>es in this offering   | by the issuer,<br>c. Classify secu<br>Type o<br>Securit   | \$ to date, urities b | Dollar Amount Solo  \$ \$ \$  |
| Total (for filing under Answer also in A If this filing is for an offerin offerings of the types indicatype listed in Part C - Quest Type of Offering Rule 505                | Rule 504 only)   | all securities sold es in this offering  the securities in t   | by the issuer, Classify securit  Type o Securit   | sto date, prities b   | Dollar Amount Solo  \$ \$ \$  |
| Total (for filing under Answer also in A If this filing is for an offerin offerings of the types indicatype listed in Part C - Quest Type of Offering Rule 505                | Rule 504 only)   | all securities sold es in this offering  the securities in the sec | by the issuer, Classify securit  Type of Securit  his offering. If future conting each  | sto date, prities b   | Dollar Amount Solo  \$ \$ \$  |
| Total (for filing under Answer also in A If this filing is for an offerin offerings of the types indicatype listed in Part C - Quest Type of Offering Rule 505                | Rule 504 only)  ppendix, Column 4, if filing under ULOE.  ng under Rule 504 or 505, enter the information requested for a ated, in the twelve (12) months prior to the first sale of securitie tion 1.  Il expenses in connection with the issuance and distribution of organization expenses of the issuer. The information may be gi tre is not known, furnish an estimate and check the box to the le           | all securities sold es in this offering  the securities in the sec | by the issuer, Classify securit  Type of Securit  his offering. If future conting is.  [  | \$ to date, urities b | Dollar Amount Solo  \$  \$  If  |
| Total (for filing under Answer also in A If this filing is for an offerin offerings of the types indicatype listed in Part C - Quest Type of Offering Rule 505                | Rule 504 only)  ppendix, Column 4, if filing under ULOE.  ng under Rule 504 or 505, enter the information requested for a ated, in the twelve (12) months prior to the first sale of securities tion 1.  Il expenses in connection with the issuance and distribution of organization expenses of the issuer. The information may be gi tre is not known, furnish an estimate and check the box to the le          | all securities sold es in this offering  the securities in to the securities in the  | by the issuer, Classify securit Type of Securit  his offering. If future conting is   | sto date, prities b   | Dollar Amount Solo  \$  \$  If  0   |
| Total (for filing under Answer also in A If this filing is for an offerin offerings of the types indicative listed in Part C - Quest Type of Offering Rule 505                | Rule 504 only)  ppendix, Column 4, if filing under ULOE.  ng under Rule 504 or 505, enter the information requested for a ated, in the twelve (12) months prior to the first sale of securities tion 1.  Il expenses in connection with the issuance and distribution of organization expenses of the issuer. The information may be given is not known, furnish an estimate and check the box to the leasts.      | all securities sold es in this offering this offering the securities in the securiti | by the issuer, Classify securit Type o Securit his offering. I future conting   | sto date, prities b   | Dollar Amount Solo  \$  \$  If  \$ 0  \$*                                   |
| Total (for filing under Answer also in A If this filing is for an offerin offerings of the types indicative listed in Part C - Quest Type of Offering Rule 505                | Rule 504 only)  ppendix, Column 4, if filing under ULOE.  ng under Rule 504 or 505, enter the information requested for a ated, in the twelve (12) months prior to the first sale of securities tion 1.  Il expenses in connection with the issuance and distribution of organization expenses of the issuer. The information may be given is not known, furnish an estimate and check the box to the least state. | all securities sold es in this offering the securities in the secu | by the issuer, Classify securit  Type o Securit  his offering. If future conting  | sto date, prities b   | Dollar Amount Solo  \$ \$  \$  If  \$ 0  \$*  \$*                           |
| Total (for filing under Answer also in A If this filing is for an offering offerings of the types indicative listed in Part C - Quest Type of Offering Rule 505               | Rule 504 only)  ppendix, Column 4, if filing under ULOE.  ng under Rule 504 or 505, enter the information requested for a ated, in the twelve (12) months prior to the first sale of securities tion 1.  Ill expenses in connection with the issuance and distribution of organization expenses of the issuer. The information may be given is not known, furnish an estimate and check the box to the least.      | all securities sold es in this offering this offering the securities in the securiti | by the issuer, Classify securit Type of Securit  his offering. If future conting is in the conting in the conting in the conting is in the conting | sto date, prities b   | Dollar Amount Solo \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$    |
| Total (for filing under Answer also in A If this filing is for an offerin offerings of the types indicatype listed in Part C - Quest Type of Offering Rule 505                | Rule 504 only)  ppendix, Column 4, if filing under ULOE.  ng under Rule 504 or 505, enter the information requested for a ated, in the twelve (12) months prior to the first sale of securition 1.  Ill expenses in connection with the issuance and distribution of organization expenses of the issuer. The information may be given is not known, furnish an estimate and check the box to the least.           | all securities sold es in this offering  the securities in the sec | by the issuer, Classify securit Type of Securit  his offering. If future conting is   | sto date, prities b   | Dollar Amount Sold \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |

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3.

| C          | OFFERING PRICE     | . NUMBER OF INVESTORS      | EXPENSES AN      | D USE OF PROCEEDS |
|------------|--------------------|----------------------------|------------------|-------------------|
| <b>C</b> . | OLI LINING I MICL. | , it claider of in testons | , LAI LINDLO AIN | D COL OI INOCLLDO |

|       | issuer."  |              |        |        | l gross proceeds to                                    |      |       | \$ 59,900,000         |
|-------|---|--------------|--------|--------|--|------|-------|-----------------------|
|       | Indicate below the amount of the adjusted gross proceeds to the is purposes shown. If the amount for any purpose is not known, furnestimate. The total of the payments listed must equal the adjusted C - Question 4.b above. |              |        |        |  |      |       |                       |
|       |   |              |        |        | Payments to<br>Officers,<br>Directors, &<br>Affiliates |      |       | Payments to<br>Others |
|       | Salaries and fees   |              | [      | ]      | \$   | [    | ]     | \$                    |
|       | Purchase of real estate   |              | [      | ]      | \$   | [    | ]     | \$                    |
|       | Purchase, rental or leasing and installation of machinery and equip   | pment        | [      | ]      | \$   | [    | ]     | \$                    |
|       | Construction or leasing of plant buildings and facilities   |              | [      | ]      | \$   | [    | ]     | \$                    |
|       | Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assessecurities of another issuer pursuant to a merger)                                     |              | [      | ]      | \$   | [    | ]     | \$                    |
|       | Repayment of indebtedness   |              | [      | ]      | \$   | [    | ]     | \$                    |
|       | Working capital   |              | [      | ]      | \$   | [    | ]     | \$                    |
|       | Other (specify): Investment Capital in Bellrock Master Fund, Lt   | td           | [      | ]      | \$   | [    | x ]   | \$ 59,900,000         |
|       | (the "Master Fund")   |              |        |        |  |      |       |                       |
|       | Column Totals   |              | [      | }      | \$   | [ 7  | ( )   | \$ 59,900,000         |
|       | Total Payments Listed (column totals added)   |              |        |        | [X] <u>s</u>   | 59,9 | 00,00 | 00                    |
|       | D. FED  | DERAL SIC    | NAT    | URE    |  |      |       |                       |
| sign  | issuer has duly caused this notice to be signed by the undersigned ature constitutes an undertaking by the issuer to furnish to the U.S. mation furnished by the issuer to any non-accredited investor purs                   | . Securities | and E  | xcha   | nge Commission,  |      |       |                       |
| Issue | er (Print or Type)  | Signature    | //     |        |  |      |       | Date                  |
| Bell  | rock Systematic, LP   | Eller        | yll    | ln     | well   |      |       | February 17, 2005     |
|       | ne of Signer (Print or Type)  | Title of Sig | ner (P | rint c | or Type)   |      |       | , .                   |
| Nam   | nn Kennedy  | Authorize    | 4 C:~- |        |  |      |       |                       |

| 1.  | Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?   |
|-----|--|
|     | See Appendix, Column 5, for state response. Not applicable   |
| 2.  | The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law. Not applicable  |
| 3.  | The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. Not applicable   |
| 4.  | The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. Not applicable |
|     | e issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the dersigned duly authorized person.  |
| Iss | uer (Print or Type) Signature Date   |

Title (Print or Type)

Authorized Signatory

E. STATE SIGNATURE

## Instruction:

Bellrock Systematic, LP

Name (Print or Type)
Glenn Kennedy

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

| BELLROCK SYSTEMATIC, LP |
|-------------------------|
|-------------------------|

|       | 1 2 3 4 5                    |                                |  |                                      |  |                                     |          |       |     |  |  |
|-------|------------------------------|--------------------------------|--|--------------------------------------|--|-------------------------------------|----------|-------|-----|--|--|
| 1     | Intend to non-acc invest Sta | o sell to<br>redited<br>ors in | Type of security and aggregate offering price offered in state (Part C-Item 1) | Type of in                           | Type of investor and amount purchased in State (Part C-Item 2) |                                     |          |       |     |  |  |
| State | Yes                          | No                             | Limited Partnership Interests \$60,000,000                                     | Number of<br>Accredited<br>Investors | Amount   | Number of Non- Accredited Investors | Amount   | Yes   | No  |  |  |
| AK    | 105                          | 110                            | \$00,000,000   | 1111031013                           | Amount   | Investors                           | Amount   | 103   | 110 |  |  |
| AL    |                              |                                |  |                                      |  |                                     |          |       |     |  |  |
| AR    |                              |                                | <del></del> -  |                                      |  |                                     |          |       |     |  |  |
| AZ    | -                            |                                |  |                                      | ,,=-   |                                     |          | ***** |     |  |  |
| CA    |                              |                                |  |                                      |  |                                     |          |       |     |  |  |
| СО    |                              |                                |  |                                      |  |                                     |          |       |     |  |  |
| CT    |                              |                                |  |                                      |  |                                     |          |       |     |  |  |
| DC    |                              |                                |  |                                      |  |                                     |          |       |     |  |  |
| DE    |                              |                                |  |                                      |  |                                     |          |       |     |  |  |
| FL    |                              |                                |  | _                                    |  |                                     |          |       |     |  |  |
| GA    |                              |                                |  |                                      |  |                                     |          |       |     |  |  |
| HI    |                              |                                |  |                                      |  |                                     |          |       |     |  |  |
| ΙA    |                              |                                |  |                                      |  |                                     |          |       |     |  |  |
| ID    |                              |                                |  |                                      |  |                                     |          |       |     |  |  |
| IL    |                              |                                |  |                                      |  |                                     |          |       |     |  |  |
| IN    |                              |                                |  |                                      |  |                                     |          |       |     |  |  |
| KS    |                              |                                |  |                                      |  |                                     |          | -     |     |  |  |
| KY    |                              |                                |  |                                      |  |                                     |          |       |     |  |  |
| LA    |                              |                                |  |                                      |  |                                     | <u> </u> |       |     |  |  |
| MA    |                              |                                |  |                                      |  |                                     |          |       |     |  |  |
| MD    |                              |                                |  |                                      |  |                                     |          |       |     |  |  |
| ME    |                              |                                |  |                                      |  |                                     |          |       |     |  |  |
| MI    |                              |                                |  |                                      | ·<br>·   |                                     | <u> </u> |       |     |  |  |
| MN    |                              |                                |  |                                      |  |                                     |          |       |     |  |  |
| МО    |                              |                                |  |                                      |  |                                     |          |       |     |  |  |
| MS    |                              |                                |  |                                      |  |                                     |          |       |     |  |  |
| MT    |                              |                                |  |                                      |  |                                     |          |       |     |  |  |
| NC    |                              |                                |  |                                      |  |                                     | <u> </u> |       |     |  |  |

APPENDIX

|          |  |                                 |  | LROCK SY                             | STEMATIC                      | L, LP   |          |     |    |
|----------|--|---------------------------------|--|--------------------------------------|-------------------------------|---|----------|-----|----|
| 1        | Intend to non-acco invest Sta (Part B- | o sell to<br>credited<br>ors in | Type of security and aggregate offering price offered in state (Part C-Item 1) | Type of in                           | 4  nvestor and amo  (Part C-I | 5 Not Applicable Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |          |     |    |
| State    | Yes                                    | No                              | Limited Partnership Interests \$60,000,000                                     | Number of<br>Accredited<br>Investors | Amount                        | Number of<br>Non-<br>Accredited<br>Investors  | Amount   | Yes | No |
| ND       |  |                                 |  | _                                    |                               | , <u> </u>  |          |     |    |
| NE       |  |                                 |  |                                      |                               |   |          |     |    |
| NH       |  |                                 |  |                                      |                               |   |          |     |    |
| NJ       |  |                                 |  |                                      |                               |   |          | _   |    |
| NM       |  |                                 |  |                                      |                               |   |          |     |    |
| NV       |  |                                 |  |                                      |                               |   |          |     |    |
| NY       |  | X                               | X  | 2                                    | \$15,000,000                  | 0   | 0        |     |    |
| OH       |  |                                 |  |                                      |                               |   | -        |     |    |
| OK       | -                                      |                                 |  |                                      |                               |   |          |     |    |
| OR       |  |                                 |  |                                      |                               |   |          |     |    |
| PA       |  |                                 |  |                                      |                               |   | <u> </u> | ·   |    |
| PR       |  |                                 |  |                                      |                               |   |          |     |    |
| RI<br>SC |  |                                 |  |                                      |                               | <u> </u>  |          |     |    |
| SD       |  |                                 |  |                                      |                               |   |          |     |    |
| TN       |  | _                               |  |                                      | -                             |   |          |     |    |
| TX       |  |                                 |  |                                      |                               |   |          |     |    |
| UT       |  |                                 |  |                                      |                               |   |          |     |    |
| VA       |  |                                 |  |                                      |                               |   |          |     |    |
| VT       |  |                                 |  |                                      |                               |   |          |     |    |
| WA       |  |                                 | <u> </u>   |                                      |                               |   |          |     |    |
| WI       |  |                                 |  |                                      |                               |   |          |     |    |
| WV       |  |                                 |  |                                      |                               |   |          |     |    |
| WY       |  |                                 |  |                                      |                               |   |          |     |    |